



EXPRESS MAIL NO. EV530945250US

|  |                                       |   |
|--|---------------------------------------|---|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) |                                       | Docket Number<br><b>110186.53659C23</b><br>(formerly 690022.53659C23) |
| Application Number <b>10/775,897</b>   |                                       | Filed <b>February 10, 2004</b>  |
| For <b>PRETARGETING METHODS AND COMPOUNDS</b>  |                                       |   |
| Art Unit<br><b>1644</b>  | Examiner<br><b>SAUNDERS, David A.</b> |   |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | <u>Fee</u> | <u>Small Entity Fee</u> |              |
|--|------------|-------------------------|--------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$120      | \$60                    | \$ _____     |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$450      | \$225                   | \$ _____     |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020     | \$510                   | <b>\$510</b> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$1590     | \$795                   | \$ _____     |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$2160     | \$1080                  | \$ _____     |

☒ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check including the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any **additional** fees which may be required or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a duplicate copy of this sheet.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration No. 51,017

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

  
Signature

**David L. Enfield, Ph.D.**

Typed or printed name

June 17, 2005  
Date

**206.622.4900**

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

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